

From,

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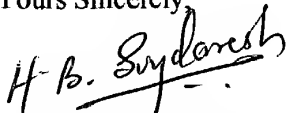
Sub : Request for being accorded , **SMALL ENTITY STATUS.**

Dear Sir / Madam,

This is to state that I am an individual inventor , a doctor by training , with my specialisation in Anesthesiology. I am applying for a patent for, **First Aid Hats / First Aid Caps** , as also, an extension of my design to an associated product under the title, **Guaze hats / Guaze caps**, in my capacity as an individual inventor. I shall therefore be grateful, if I may be **accorded, a small entity status**, in your records and evaluations.

Thanking you,

Yours Sincerely,



Dr Hoskote.B.Sundaresh

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor HOSKOTE · B. SUNDARESH	
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FIRST AID HATS / FIRST AID CAPS [GUAZE HATS / GUAZE CAPS]

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)**NA**

as United States Application Number or PCT International

Application Number

NIL

and was amended on (MM/DD/YYYY)

NA

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
YES	NO				
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
NOT APPLICABLE	NOT APPLICABLE	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name HOSKOTE . B. SUNDARESH			
Address 13501, CHAMPIONS WAY,			
Address GERMANTOWN , MD , 20874 .			
City GERMANTOWN	State MD	ZIP 20874	
Country U.S.A	Telephone 301-916-4013	Fax 301-916-4065	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name HOSKOTE . B. (first and middle [if any])		Family Name SUNDARESH or Surname	
Inventor's Signature <i>H. B. Sundaresh</i>		Date 05/09/01	
Residence: City GERMANTOWN	State MD	Country U.S.A	Citizenship INDIAN
Mailing Address 13501, CHAMPIONS WAY			
Mailing Address			
City GERMANTOWN	State MD	ZIP 20874	Country U.S.A
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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6P2900

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PTO/SB/123 (10-00)

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Assistant Commissioner for Patents
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Patent Number

Issue Date

Application Number

Filing Date

First Named Inventor

29/141,813

05/14/01

HOSKOTE B. SUNDARESH

Please change the Correspondence Address for the above-identified patent to:

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HOSKOTE B. SUNDARESH

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20878

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I am the:



Patentee.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record.

Typed or
Printed Name

HOSKOTE B. SUNDARESH

Signature

H. B. Sundaresh

Date

02/01/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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